

Employee Information:

Employee Name: _____ Agency/County: _____

Date of Birth: _____ Employee ID# : _____ Last 4 Employee SSN: _____

Spouse Name*: _____ **If submitting spouse, remember 1 form per household*

Gym Information:

Gym Name: _____ Gym Telephone #: _____

Gym Address: _____

Dates of Visits: **A print-out of visits from your gym can be used to supplement this section.*

Month: _____

1.	2.
3.	4.
5.	6.
7.	8.

Month: _____

1.	2.
3.	4.
5.	6.
7.	8.

Month: _____

1.	2.
3.	4.
5.	6.
7.	8.

☐ I verify that the member (named above) visited the above mentioned gym on the dates listed.

Facility Manager's Name (please print): _____

Facility Manager's Signature: _____ Date: _____

Attach a copy of proof of payment with this form.

Amount requested for reimbursement: \$ _____

Required Signature:

Employee Signature: _____ Date: _____

My signature above affirms that all of the information on this form is full, complete and true. False statements are considered fraud against the plan.

Return this form to: **Franklin County Human Resources—Benefits & Wellness**

Attn: Gym Membership Reimbursement
373 S. High Street, 25th Floor
Columbus, OH 43215

-OR-

ThriveOn@franklincountyohio.gov

1. Why is the Gym Membership Reimbursement Program being offered?

We are offering gym membership reimbursement to encourage you to take steps to improve your health. Physical activity is an important part of overall health and well-being: we want to help you get and stay fit!

2. Who is eligible to receive the gym membership reimbursement?

All employees and spouses/domestic partners enrolled in the Franklin County Cooperative health plan are eligible to receive reimbursement. Only one reimbursement allowed per household, per quarter.

3. How do I apply for a gym membership reimbursement?

- Print and complete all sections of the Gym Membership Reimbursement Form found at: <http://bewell.franklincountyohio.gov>.
- Provide proof of payment for your membership; i.e. receipt from gym, etc.
- Submit your completed form with proof of payment to Franklin County Human Resources - Benefits and Wellness via mail (373 S. High Street, 25th Floor Columbus, Ohio 43215) or e-mail ThriveOn@franklincountyohio.gov. **Please submit only one form per household, per quarter. You will only be reimbursed for those months you can verify payment and activity. Forms must be submitted by the deadline each quarter to earn reimbursement for that quarter.**

Quarter:	Activity Dates:	Form Submission Deadline:
1st	January 1, 2017—March 31, 2017	April 21, 2017
2nd	April 1, 2017—June 30, 2017	July 21, 2017
3rd	July 1, 2017—September 30, 2017	October 20, 2017
4th	October 1, 2017– December 31, 2017	January 19, 2018

4. How much will be reimbursed? How often do I have to go to the gym?

For each month in which you visit the gym **at least 8 times**, you will be reimbursed the cost of your gym membership, **up to \$25 per month**. It must be the same person visiting the gym each time.

5. What if I miss the submission deadline?

We will not extend any deadlines. We will only reimburse for activity in the date ranges listed for that quarter. If you do not submit a form by the listed deadline of any quarter, you will miss out on the reimbursement opportunity for that quarter.

6. What types of gym expenses are eligible for reimbursement?

Eligible gyms must be “full-service” in that they offer a variety of physical activities, including:

- Cardiovascular (treadmills, stationary bikes, elliptical machines, stair climbing machines, aerobics classes)
- Strength (weight machines, free weights, toning classes)
- Stretching (padded areas for stretching, resistance bands, yoga or Pilates classes)

We will not reimburse the cost of specific fitness classes (such as per-class fees for a spinning, boot camp, yoga, or other standalone class). Fees for fitness clubs (such as boxing or running) are also not eligible for reimbursement at this time. Race entry fees will not be reimbursed.

7. How will reimbursement be paid to me?

Your reimbursement will be processed through payroll and included as additional taxable income on your paycheck.